

EXHIBIT 6

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
_____ DIVISION**

IN RE: _____)
 _____)
 XXXXX XXXX XXXXXXXX,) CASE NO. XX-XXXXX
 _____)
 Debtor. _____)
 _____)

MONTHLY OPERATING REPORT

Month: _____ **Date Filed:** _____

Line of Business: _____ **NAICS Code:** _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following monthly operating report and the accompanying attachments, and, to the best of my knowledge, these documents are true, correct, and complete.

Original signature of responsible party: _____

Printed name of responsible party: _____

Questionnaire: (All questions to be answered on behalf of debtor.)

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Is the business still operating? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you paid all of your bills on time this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you pay your employees on time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you deposited all of the receipts for your business into the DIP account this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you filed all of your tax returns and paid all of your taxes this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed all other required government filings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you paid all of your insurance premiums this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you plan to continue to operate the business next month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you current on your chapter 11 quarterly fee payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you paid anything to your attorney or other professional this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you have any unusual or significant unanticipated expenses this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the business sold any goods or provided services or transferred any assets to any business related to the DIP in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any bank accounts open other than the DIP account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you sold any assets other than inventory this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Did any insurance company cancel your policy this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you borrowed money from anyone this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you paid any bills you owed before the order for relief? | <input type="checkbox"/> | <input type="checkbox"/> |

Taxes

Do you have any past due tax returns or any tax obligations from and after the order for relief that are now past due? ☐ ☐

If yes, please provide a written explanation including when such returns will be filed, or when such payments will be made and the source of the funds for the payment. Label it *Exhibit A*.

Income

Please separately list all of the income you received for the month. Label it *Exhibit B*. The list should include all income from cash and credit transactions.

[A summary statement of income and expenses may be submitted with prior approval of the United States Bankruptcy Administrator for the Middle District of North Carolina (the "Bankruptcy Administrator").]

Total Income \$ _____

Summary of Cash on Hand

Cash on hand at start of month \$ _____

Cash on hand at end of month \$ _____

Please provide the total amount of cash currently available to you **Total \$** _____

Expenses

Please separately list all expenses paid by cash or by check from your bank accounts this month. Label it *Exhibit C*. Include the date paid, who was paid, the purpose, and the amount.

[A summary statement of income and expenses may be submitted with the prior approval of the Bankruptcy Administrator.]

Total Expenses \$ _____

Cash Profit

Income for the month (total from Exhibit B) \$ _____

Expenses for the month (total from Exhibit C) \$ _____

(Subtract Line C from Line B) **Cash profit for the month \$** _____

Unpaid Bills

Please attach a list of all debts (including taxes), which you have incurred since the order for relief but have not paid. Label it *Exhibit D*. The list must include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due.

[A summary statement of accounts payable, with aging information, may be submitted with prior approval of the Bankruptcy Administrator. All unpaid non-trade payables must be listed separately, in detail.]

Total Payables \$ _____

Money Owed to You

Please attach a list of all amounts owed to you by your customers for work you have done or the merchandise you have sold. Label it *Exhibit E*. You should include who owes money, how much is owed, and when payment is due.

[A summary statement of accounts receivable with aging information may be submitted with the prior approval of the Bankruptcy Administrator. All unpaid non-trade receivables must be listed separately, in detail.]

Total Receivables \$ _____

Banking Information

Please attach a copy of your latest bank statement for every account you have as of the date of this financial report or had during the period covered by this report. Label it *Exhibit F*.

Employees

Number of employees when the case was filed? _____

Number of employees as of the date of this monthly report? _____

Professional Fees

Bankruptcy Related:

Professional fees relating to the bankruptcy case paid during this reporting period? _____

Total professional fees relating to the bankruptcy case paid since the filing of the case? _____

Non-Bankruptcy Related:

Professional fees not relating to the bankruptcy case paid during this reporting period? _____

Total professional fees not relating to the bankruptcy case paid during this reporting period? _____

Additional Information

- (1) Please attach all financial reports including any income statement, balance sheet, statement of cash flows, and statement of shareholders/partner's equity, which you prepare internally.**
- (2) Please add any information, such as a report of activities, which would assist a reasonably informed reviewer to fully understand the status of this bankruptcy case.**